Investment in the Crisis Services in House Budget Bill

The House Appropriations Committee took a straw vote on Friday to approve the fiscal year 2018 budget bill which will go to the floor next week. The second to last item under consideration was the language and recommendations made by the House Health Care Committee and very articulately presented to them by Representative Anne Donahue who pointed out that crisis services are just the tip of the iceberg in an underfunded mental health care system. Here are the funds that were approved for the budget bill:

- $2.45 million for crisis services and beds
- $300,000 for geropsychiatric nursing home beds
- $400,000 for Pathways to Housing - housing supports

The funding will come from a 10% reduction in DSH payments for uncompensated care to hospitals. They see the funding source as one-time, and the funding commitment to staffing as necessary over time, so that created some concern and led to a vote of 6 yeses to 5 nos.

Committee Chair Toll pointed out that this is a placeholder for the Senate bill and appropriations for mental health to be worked out when it’s time for the marriage.

Here is the link to the House Health Care Budget language which was accepted, but scaled back by $200,000 (geropsych was originally $500,000).

There is another 10% reduction in the DSH payments already contained in the FY’18 budget. The Hospitals have protested the cut and pointed out that the federal allotment for DSH in Vermont is $46 million and the hospitals use $37 million. They have also said that DSH payments do not cover the costs of uncompensated care at all hospitals, requiring some to subsidize services.

Language proposed by Representative Yacavone and Representative Hooper did not make it into the bill.

GREEN MOUNTAIN CARE BOARD RECOMMENDATIONS FOR DEPARTMENT OF MENTAL HEALTH

The Green Mountain Care Board shall review Vermont’s mental health system of care, including the extent to which care is provided by different types of licensed professionals and in all inpatient and outpatient settings, as well as the role of the Department of Mental Health in care coordination and care delivery. On or before December 1, 2017, the Board shall provide to the Secretary of Human Services, the House Committees on Appropriations and on Health Care, the Senate Committees on Appropriations and on Health and Welfare, and the Health Reform Oversight Committee the Board’s
recommendations for modifying the scope of the Department of Mental Health’s role in the mental health system of care and any appropriate adjustments to the Department’s level of State funding

**Senate Poised to Pass Bill to Improve Workforce Compensation, Crisis Services and Care Coordination**

The Senate Appropriations Committee gave a green light for the Senate Health and Welfare Committee bill S.133 by passing an amendment to the bill. The language strikes out the appropriations language in the bill and amends the language on how funds will be spent; but has no appropriation specified. The appropriation will be included in the Senate Appropriation’s budget bill.

Heidi Hall and Mary Moulton worked with the Joint Fiscal staff and Senators to develop a revenue package that will not require new tax revenue to avoid a veto. It will phase in the appropriation over 3 years. S.133 will be on the Senate floor next week. Here is the language from the amendment.

In fiscal year 2018, to fund increases in the hourly wages of workers to $14.00 and to increase the salaries for crisis response team personnel to be at least 85 percent of those salaries earned by regionally equivalent State, health care, or school-based positions of equal skills, credentials, and lengths of employment;

In fiscal year 2019, to fund increases in the hourly wages of workers to $15.00 and to increase the salaries for clinical employees and other personnel in a manner that advances the goal of achieving competitive compensation to regionally equivalent State, health care, or school-based positions of equal skills, credentials, and lengths of employment; and

In fiscal year 2020, after the completion of a market rate analysis by the designated and specialized service agencies, to further increase the salaries for clinical employees and personnel in a manner that advances the goal of achieving competitive compensation to regionally equivalent State, health care, or school-based positions of equal skills, credentials, and lengths of employment.

Here is the link to S.133:

Here is the Senate amendment (it will be edited to include regional variation in market rate). We are working to get additional language changes, that didn’t go before the committee, but hopefully will be accepted, at some point in the process.

**House Health Care Committee Gets an Update on Medicaid Pathway**

Georgia Maheras of the Agency of Human Services (AHS) explained that health care needs have evolved since the fee-for-service system was established more than fifty years ago.

- More people are living today with multiple chronic conditions.
- CDC reports that treating chronic conditions accounts for 86% of our health care costs.
- Fee-for-service reimbursement is a barrier for providers to coordinating care and promoting health.
- Care coordination and health promotion activities are not rewarded by fee-for-service
- Overall health care cost growth is not sustainable.

Representative Donahue expressed concern that mental health and substance abuse parity have not been achieved because these services have not yet been included in the All Payer Model (APM), instead
these services are part of future integration efforts, along with developmental and long term care services.

Georgia presented that the Vermont Medicaid Pathway advances payment and delivery system reform for services not included in the total cost of care of Vermont’s All-Payer Model. The ultimate goal of this multi-year planning effort is the alignment of payment and delivery system principles to support a more integrated system of care for all Vermonter’s. It is designed to systematically review payment models and delivery system values identified in Vermont’s Model of Care across AHS. The hypothesis is that reforming Medicaid payment and service delivery can improve health outcomes.

When asked if the integration work is moving forward, Georgia referenced the meetings that Al Gobeille is having with the providers. She thinks we haven’t figured out how to measure the right things. Mental Health Commissioner Melissa Bailey explained that the work is to develop a common vision, including scope of services and money, as well as how the integration with APM will work.

Georgia acknowledged the effort that DAs have put into the process the need for adequate resources to provide services regardless of the payment models used. Melissa spoke about the varied level of coordination envisioned in the modeling. Melissa explained how IFS got rid of programs, but better enabled children and families to access services they need with a focus of achieving outcomes.

Committee Chair Bill Lippert was clear that if there are not enough resources, there will still be a limit on services. Melissa agreed and noted the importance of working with people on their individual goals, not just on achieving systems goals.

**Grenon Bill Passes the House of Representatives on the Anniversary of Phil Grenon’s Death**
The full House of Representatives passed H.145, the Grenon bill, which proposes to establish a Mental Health Crisis Response Commission for the purpose of reviewing fatalities and serious bodily injuries that occur during interactions between law enforcement and persons demonstrating symptoms of mental illness. The Commission, housed in the Office of the Attorney General, shall also identify where increased or alternative supports or strategic investments within law enforcement, designated agencies, or other community service systems could improve outcomes; educate the public, service providers, and policymakers about strategies for intervention in and prevention of mental health crises; recommend policies, practices, and services that will encourage collaboration and increase successful interventions; and recommend training strategies for public safety, emergency, or other crisis response personnel that will increase successful interventions.

**ACES Legislation Teed up for House Vote and the Senate has Already Taken Testimony**
H. 508 An act relating to building resilience for individuals experiencing adverse childhood experiences is ready for a vote by the full House of Representatives. The bill was developed by the House Human Services Committee and received approval by the House Appropriations Committee for the funding necessary. The bill creates a legislative working group on Adverse Childhood Experiences (ACES) for the purpose of investigating, cataloguing, and analyzing existing resources to mitigate childhood trauma, identify populations served, and examine structures to build resiliency. The Human Services Committee wants to understand what existing services are happening, and their quality through an RBA lens. The Commission may recommend reinvestment of resources to improve outcomes. The Commission would educate legislators and the general public.
Meanwhile the Senate Health and Welfare Committee walked through S.90 which requires the Deputy Secretary of Human Services to coordinate the Agency’s prevention and treatment of childhood trauma. It also proposes to establish a universal home visiting program. It encourage the use of adverse childhood and family experience screening tools, incorporates education in medical and nursing school curricula, and assess regional capacity for program growth. It is likely the Senate will strike the language in H.508 and substitute in the language in S.90. Then the two committees will work out their differences in conference committee. Margaret Joyal of WCMHS and Cara Capparelli of NFI are involved in a stakeholder group to move legislation forward.


DMH surveys to identify what’s going on with families to develop appropriate programming to meet these needs from a population-based approached.

Beth Tanzman, the Director of the Blueprint for Health said they studied the interventions that mitigate the impact of trauma and found that early home visiting reduces the rates of later chronic disease improves school success. Blueprint is looking for a sustainable home visiting with just 3 visits per family. The Blueprint supports the idea of a trauma coordinator and asks that community health teams foster relationships with school nurses. They would like to see greater screening by Primary Care Providers (PCPs) and the community health teams catching families when the screens identify need.

Tracey Dolan, Deputy Commissioner of Health, spoke about the Nurse Family Partnership. It has a strong evidence base for home visiting for low-income (Medicaid enrolled) first-time Moms that goes through the child’s second birthday. The program includes screening and referral for: depression, intimate partner violence, tobacco use, alcohol and drug use and developmental delays. There are 900 moms of which 50% agree to the home visiting. Help Me Grow directs young children and families to parent education and existing services through 211. The program included education and coaching for early childhood providers, educators and PCPs.

Stephanie Winters spoke on behalf of Vermont Pediatricians in support of S.90. She said the ACE screening tool focuses on problems, but pediatricians work from a strength-based approach. She suggests the bright futures strength-based approach be supported in the bill. She particularly supports adding resources to the community health teams to coordinate care to for families.

Linda Johnson from Prevent Child Abuse Vermont spoke. She emphasized the need for AHS to have a trauma coordinator with an advisory group built out of the Vermont Child and Family Work Group. She shared a draft developed by that Work Group.

Kathy Holsopple of the Vermont Federation of Families for Children’s Mental Health urged support for developing resiliency of families. Peers bring hope and should be part of the approach and solution.

Claire Kendall co-director of Family Services of Washington County talked about the work of Parent-Child Centers with young children and families. Teaching resiliency, knowledge of child development, two-generational approach are key for successful interventions.

Tricia Long a Clinician and member of children and family trauma workgroup spoke about the needs of children whose parents are incarcerated.
**Duty to Warn**
S.3 the Duty to Warn bill which clarifies when mental health professionals have a duty to disclose information concerning a client or patient was reviewed in the House Committee on Health Care and then referred to the House Judiciary Committee. Stakeholders are developing a draft to strengthen the bill that passed the Senate.

**Offender with Mental Illness Legislation Passes the Senate**
S. 61 passed the Senate and will be taken up by the House Corrections and Institutions Committee. The bill proposes to direct courts to appoint specialized mental health counsel to proceedings involving a person found incompetent to stand trial; change the definition of segregation to allow inmates requiring treatment to be kept in treatment settings; and require the Department of Corrections to provide evaluation, treatment, and services to those inmates who require them. The bill has led to discussion in the Senate about having designated agencies provide mental health services in correctional facilities.

**Independent Contractor Legislation**
The House Committee on Commerce and Economic Development is once again studying issues related to independent contractors. Vermont Care Partners has notified the Committee Chair Bill Botzow that if the Committee addresses workers’ compensation that we would like them to add language to clarify foster care in the statutes by specifying that the term “worker” or “employee” does not include: “An individual who receives foster care payments excluded from the definition of gross income under Section 131 of Title 26 of the Internal Revenue Code.”

To take action or for more information, including the weekly committee schedules:
- Legislative home page: [http://www.leg.state.vt.us](http://www.leg.state.vt.us)
- Sergeant-at-Arms Office: (802) 828-2228 or (800) 322-5616
- State House fax (to reach any member): (802) 828-2424
- State House mailing address (to reach any member):

Your Legislator
State House
115 State Street, Drawer 33
Montpelier, VT 05633-5501

- Email, home address and phone: Legislators’ email addresses and home contacts may be found on the Legislature home page at [http://www.leg.state.vt.us](http://www.leg.state.vt.us)
- Governor Phil Scott (802) 828-3333 or [http://governor.vermont.gov/](http://governor.vermont.gov/)

The purpose of the legislative update is to inform individuals who are interested in developmental, mental health and substance abuse services about legislative advocacy, policy development and activities that occur in the State Legislature. The Vermont Council is part of Vermont Care Partners and a non-profit trade association whose membership consists of 16 designated developmental and mental health agencies.

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